

PATENT
450100-4811

AF
2615

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Takashi Honda

Serial No. : 09/271,502

For : RECORDING/REPRODUCING APPARATUS
AND RECORDING/REPRODUCING METHOD

Filed : March 18, 1999

Examiner : Thai Q. Tran

Art Unit : 2615

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: **Mail Stop AF, Commissioner for Patents, P.O.**
Box 1450, Alexandria, VA 22313-1450, on January 26, 2004

Gordon Kessler, Reg. No. 38,511

Name of Applicant, Assignee or Registered Representative

Gordon Kessler
Signature

January 26, 2004

Date of Signature

RECEIVED

FEB 04 2004

Technology Center 2600

AMENDMENT AFTER FINAL REJECTION UNDER 37 C.F.R. § 1.116

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action dated December 2, 2003, please amend the
above-identified application as follows:

12/C ME.
BA 2/15/04

2/16/04
do not
enter
TTA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Technology Center 2600

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	22	Minus	53 =	0 x	\$18 (9)	= \$0.00
Independent claims	5	Minus	12 =	0 x	\$84 (42)	= \$0.00
Total additional fee for this amendment						\$0.00

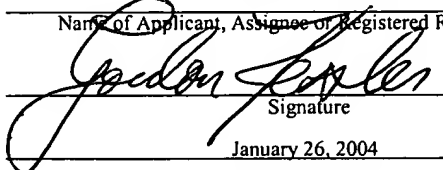
- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$280(140) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of _____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Gordon Kessler, Reg. No.38,511

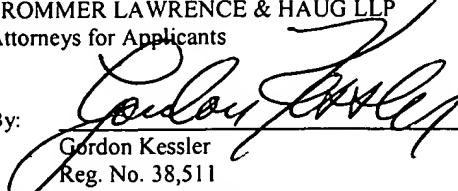
Name of Applicant, Assignee or Registered Representative


Signature
January 26, 2004
Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:


Gordon Kessler
Reg. No. 38,511
Tel: 212-588-0800